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THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

Where Do We Go From Here?

- Remarks by Rice C. Leach, M.D., KY Public Health Association Annual Meeting, Louisville, KY, March 28, 2000

Thank you, Dr. Rowe, for the opportunity to share my thoughts on where do we go from here. At last year's meeting I used this time to discuss what I hoped Kentucky would do to prepare for this year's meeting of the General Assembly. Some of you may recall that I hoped we would discuss the following subjects:

- ***our mission,***
- ***our financing***
- ***our patients***
- ***ways to reduce health risks to our youth,***

- ***worsening measures of health status, and***
- ***helping each other find the means to address these problems.***

Well, from my perspective most of this has happened in the last 12 months.
<u>Our mission:</u>
A group of local health department directors and members of my staff worked all spring and summer to describe our mission for the Interim Joint Committee on Health and Welfare and the Health and Welfare sub-committee on Appropriations and Revenue. In August 1999 this department submitted the* Mandated Services of Local Health Departments *document to the same legislative committees. The efforts of dozens of health department workers determined that the mandated services are:

- ***Enforcement of regulations,***
- ***Surveillance of public health,***
- ***Communicable disease control,***
- ***Public Health Education,***
- ***Public Health Policy,***
- ***Families and Children risk reduction, and***
- ***Disaster preparedness.***

That group determined that there are six fundamental preventive services to be delivered to specific populations based on appropriations. Those services are:

- ***Family planning***
- ***Prenatal care***
- ***Well child care***
- ***WIC services***
- ***Adult preventive services, and***
- ***Chronic disease monitoring.***

Finally, the group determined that any other services were optional and could be performed if the individual local health department could compete successfully in the health care market place.
<u>Our mission</u> was further discussed during the 2000 General Assembly when HB 771 was introduced. This bill, the Kentucky Core Public Health Act, changes KRS 211.005 to specify the definition of core public health at the beginning of

the chapter on public health laws. Let me read it to you. (See the following article for the text of HB 771.)

Our financing: This same work group produced the **Fiscal Report: Local Health Departments** *in August 1999 for those same interim joint committees. In six months the fiscal situation of local health departments changed from projected deficits of hundreds of thousands of dollars to fiscal solvency. This occurred because state and local health department directors across the state, but especially in Medicaid Regions III and V stepped up to the task and made the difficult decisions necessary to adjust to the new reality. Boards of health, county judges, legislators, and physicians and hospital personnel across the state took part in meeting with state and local public health officials. In the end, many health departments are much more fiscally sound and, even more importantly, have proven to themselves and others that public health is flexible, public health can adapt, and public health is in it for the long run.*

Governor Patton gave our fiscal situation major attention in his budget proposal. He included general fund increases, fee increases, training funds, immunization funds, funds for folic acid, and an unprecedented amount of money to identify and reduce health risks to pregnant women and babies. The HANDS portion of the Early Childhood Development Initiative that passed both houses unanimously puts millions and millions of dollars into public health outreach activities to address the population of pregnant women and babies. This did not occur without significant debate and some compromise but it has happened. Now we have to deliver the goods…a subject I'll address in a moment.

Our patients, risk identification and reduction, and worsening health status: The Early Childhood Development Initiative, School Nursing, Hepatitis Immunization, Metabolic disorders of childhood, tobacco cessation, and immunizations in general have all been debated during this session and several of these discussions will become laws or appropriations designed to improve the health status of Kentuckians. Each of them in its own way addresses our patients and their health.

Finding ways to help each other: Health departments in Medicaid Regions III and V and other areas of the state have found new ways to help each other to assure that someone is providing needed services and to improve health status. Community coalitions are popping up all across the state, information sharing with physicians offices and clinics is more prevalent, and just sitting down and trying to work out problems happens more and more often. In addition to the governor's office and legislators' interest in Public Health, the Kentucky Medical Association and the Kentucky Nursing Association have weighed in on public health issues more actively than in the recent past. People are realizing that we are all in this together.

So where do we go from here? Consider this perspective. Public health officials told the general assembly that activities included in the Early Childhood Initiative and the HANDS program have been shown in the medical literature to:

- *Reduce spina bifida*
- *Reduce low birth weight babies*
- *Reduce teen pregnancy*
- *Reduce foster care*
- *Reduce special education needs*
- *Reduce high school drop out rates*
- *Reduce need for crisis care*
- *Reduce juvenile delinquency rates*
- *Reduce health care costs*
- *Increase immunization levels*
- *Increase prenatal care*
- *Increase well child care*
- *Improve parenting skills*
- *Strengthen community resources*

Given these statements, we must demonstrate that Kentucky's public health community can make the same thing happen here. Some of these things will take a while but many of them have to do with pregnancy, labor, delivery, and infancy…conditions where interventions prove their effect very quickly. So over the next two years we must demonstrate reductions in infant mortality, low birth weight babies, spinal bifida, and health care costs for pregnancy and infancy. We

need to demonstrate higher immunization rates in our two year-olds and younger patients, we need to demonstrate earlier and better prenatal care. To do this we need to know where we are today at the state and the local level and we need to set measurable objectives that we will meet. How much will we reduce infant mortality? How much will we reduce prematurity? How much will we reduce the cost of medical care for pregnancy and infancy? What are the current state numbers? What are the current local numbers?

We cannot accomplish these objectives by waiting for patients to come to us and we cannot accomplish them alone so we must start now building even stronger working relationships with the doctors, hospitals, and others that share the responsibility with us. The positive results obtained in other states came about when all the players put their heads together to figure out how to share and who needed to change what to make it better. I sometimes hear people in public health discussing a public health problem and one of them will ask whether the case was a health department patient or a private patient. Folks, keep in mind that they are* ALL *public health department patients. The three little girls in today's* Courier-Journal *article were my patients so I have to assume that they were also our patients. If we enter this new era with that concept in mind, the business of giving in to win gets a lot easier.

Medicaid continues to change. No matter what shakes out of this legislative session, the Medicaid budget is under tremendous fiscal pressure. People just expect Medicaid to do more for them than their budget can handle. And its only going to get worse as the baby boomers head for nursing homes. Public health needs to help Medicaid so Medicaid can help us so we can both lighten the demand for services down the pike. Expect Medicaid to stimulate financing situations in which physicians and health departments that work together will find better economic health for both providers and considerably better results for patients.

Let me close with this. We will continue in clinical work where there is no alternative resource.* However, make no mistake about it, the administration and the legislature are paying public health millions to get out of the building and into the field to identify and reduce the health risks facing pregnant women and babies. *The stakes are high if we fail but the rewards for success are even greater for Kentucky's future and for public health.

The challenge for all of us is to think out of the box. Fortunately, we have several health departments that can share what they have done, we have a school of public health that is willing to help and we have over 30 of you currently enrolled in a Public Health Leadership Institute. We have a cabinet secretary who clearly understands the ways primary prevention and outreach improve health status and reduce the demand for expensive acute care. We have a government that expects us to be accountable and we every day we have more and more examples that we are up to the challenge.

Think about it, this administration and this legislature are giving us the resources necessary to implement programs that are guaranteed to work! All we have to do is get on with it! So let's do it!

This HB771 relating to core public health and which can be found on the LRC (Legislative Research Commission) web site is as follows:

AN ACT relating to public health departments.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

Section 1. KRS 211.005 is amended to read as follows:

(1) The General Assembly of the Commonwealth of Kentucky recognizes and hereby declares that it is an essential function, duty, and responsibility of the government of this Commonwealth to adequately safeguard the health of all its citizens, and to establish, maintain, implement, promote, and conduct appropriate facilities and services for the purpose of protecting the public health. This chapter is enacted with the expressed legislative intention of effectuating the aforesaid objectives in the manner provided

herein.

(2) The Department for Public Health shall develop and operate all programs for assessing the health status of the population, for the promotion of health, and for the prevention of disease, injury, disability, and premature death. To accomplish these goals, the department shall:

(a) Collect public health information from county health departments, district health departments, city-county *health departments, local health departments, independent health departments, and other authorized sources of health data necessary to assess the health status of citizens of the Commonwealth;*

(b) Identify health risks; and

(c) ***Establish policies for reducing the health*** *risks through communicable disease control, public health education, and public health emergency response activities.*

*(3) The services provided by the Department for Public Health and all local health departments established under KRS Chapter 212 shall include****, but not be limited to:***

*(a) Enforcement of public health regulations****;***

(b) Surveillance of public health;

(c) Communicable disease control;

(d) Public health education;

(e) Implementation of public health policy;

(f) Efforts directed to population risk reduction; and

(g) Disaster preparedness.

(4) The Department for Public Health and all local health departments established under KRS Chapter 212 may assure the availability of personal preventive services to persons with no alternative source for these services to the extent that funds are appropriated for this purpose.

(5) The department shall have all powers necessary to carry out and effectuate the purposes of this section.

(6) The department shall promulgate administrative regulations in accordance with ***KRS Chapter 13A to implement the provisions of this section.***

Section 2. This Act may be cited as the Kentucky Core Public Health Act.

Early Childhood Development Plan:

In an email to all DPH staff, Dr. Leach distributed the following:

Please read this testimony by Lamone Mayfield, Director of the Green River District Health Department, before House Health and Welfare on February 22, 2000. It is powerful, it is compelling, and it tells anyone who will read or listen why we got into public health and stayed there. It is why we exist.

I am Lamone Mayfield, Director of the Green River District Health Department that includes the counties of Daviess, Hancock, Henderson, McLean, Ohio, Union & Webster.

Ladies and Gentlemen:

Over the past two years you have heard of the devastating financial problems facing health departments throughout the Commonwealth, -- especially those in the Medicaid Managed Care Regions. You know of their precarious existence and their continuing struggle to provide the uninsured and underinsured with needed services while suffering depleted and disappearing sources of funding. It is true that the Governor's Early Childhood Development Plan to dedicate $16 million in the biennium to health departments for the expansion of home visiting programs will assist in bringing health department's back to survival status, but that is only partially why I am here today.

The Kentucky Health Department Association heartily endorses the Governor's Plan because of its inherent strength- and because we have long believed in the value and the urgency of implementing systems-oriented, family-focused interventions – interventions that contain strategies to nurture and strengthen the optimum growth and development of our infants and children -- while instilling positive healthy life-style behaviors in the family unit. The

Kentucky Health Department Association affirmed this belief in their official position statement you received last fall.

But, when the Green River District Health Department began its home visiting program in Daviess County, it was ***not*** because we hoped for a new source of revenue. There was no funding available to support such a program. But…. there ***was*** - the terrible awareness of an escalation of harm to our most innocent, our most helpless of residents.

Five or our area children, healthy at birth, were dead at the hands of their parents or caregivers. Sadly, we learned that these children were in our clinics for services -- yet for most of these children not a shred of evidence was presented to alert us of their peril.

Two of these children were shaken to death – another baby died of starvation, even though the parents had come to our clinics and received WIC vouchers for formula -- another child suffered a battering that left its little corpse beyond recognition. The fifth child, we had not seen. It was an infant – abandoned – whose carcass was discovered only because its remains were dragged from a ditch into a yard by a dog. Recognizing that we had a ***true public health problem*** that could not wait for funding – that could not wait for studies to justify and approve a particular intervention – we decided to initiate a research-based home visiting model that could be easily replicated and adapted to our area needs. We knew we could not wait to prove to anyone that this home visiting program would have saved those five children. We only knew that it could **not** have **worsened** their outcome.

We were confident that two of our seven counties, McLean and Ohio, would be provided the necessary funding for us to begin home visiting through the Family Preservation Program. And we were right. We hoped we could gather enough money from our own health department funds and other area resources to start home visitation in Daviess County. And we were right. The Daviess County community responded to our pleas for help -- and so with financial boosts from the Owensboro-Mercy Health System, the Hager Educational Foundation and grants obtained from the Junior League and United Way – and with our own meager funds, our home visiting staff began their programs in Daviess County. These programs continue today - in much the same fashion. We have an on-going tenuous search from year to year to find the funding we need to serve our people in need. Currently, because of funding shortages, we have 48 persons in the seven county area on a waiting list – a list that includes: *an infant girl whose mother is suicidal – and both parents have been diagnosed with bi-polar disorders;*

a seventeen year-old girl who is under the guardianship of her sister because her mother is in prison and who recently delivered an infant weighing in at 1 pound 7 ounces; and

a single mom who only completed the 10th grade and who is supporting herself and her child.

Much of the debate regarding home visitation services versus clinic services has centered on comparing the immediate known costs of each of these kinds of services. Why, it is argued, is it necessary to deliver education and guidance to parents and caregivers in the home setting when these can be provided in the clinic setting at a cheaper price? That "cheaper clinic price" comes at the expense of not seeing or not knowing about these real life situations that were discovered in our counties:

- the 15 month old child whose only breakfast is an entire box of Kix dumped amongst her toys in her playpen so that she eats her only source of nourishment while standing, walking, sitting and playing in it; or
- the formula in a bottle left out on a counter all day long, apathetically inserted into a newborn's mouth after only a swift shooing off of the flies feasting on the milk that has dried on the nipple;
- the black mass of roaches stuck to the roach paper in each corner of the room -- at the same level and within easy reach -- of the curious, crawling, infant who puts everything in her mouth to taste;

- the baby lying on the couch, alone, with no one to keep it from falling;
- the apnea monitor on the closet shelf while the baby determined to be at risk for Sudden Infant Death Syndrome is lying **face** down in its crib;
- the Doritos bag deliberately left on the floor so that the family can watch while numerous mice crawl into it and then grab the bag and slam it down to kill them . . . their only method of extermination;
- the coal dust covering the faces of a newborn and everyone else in the family because the coal stove is malfunctioning;
- the mother who gives her baby three enemas a day and washes his mouth out with his own urine because she believes this is the way you get rid of thrush;
- you won't see or know that the family who tells you in clinic they have running water, really mean that they have a hose attached to an outdoor spigot and threaded into the house through a window that stays partially open, spring, summer, fall, and winter;
- the electricity they say they have -- is from a long cord attached to a neighbor's house;
- the "new" trailer they talk about is an improvement over the old dwelling even though it doesn't have windows or doors;
- you also won't see in the clinic the bruises and black eyes of a mother who took a beating the night before. She won't come into clinic the next day.
- you don't see the assortment of snakes that the family and you - when you visit -must be careful not to run over because they are the only means for keeping the rat population under control;
- the dirt floor and lack of any water source; the one dim light bulb hanging in the center of the room, the electrical wiring that reaches out to a pole somewhere—the only source of illumination in this crudely built, primitive dwelling that only has canvas for a roof and walls;
- the cages that house the rats and mice used to feed the pet boa constrictor; the wild tropical birds, the iguana, and baby monitor lizard that would become extremely dangerous if it should survive in a colder climate than its natural habitat – or the latest family resident that co-exists with a toddler—a copperhead snake; and
- the reasons are numerous why you would not see the little girl-that's pregnant—and only nine years of age.

Ladies and Gentlemen, I too face financial accountability. The Green River District Health Department has an annual budget of $12,000,000. I am the *one* ultimately responsible for making sure that revenues equal expenditures. And I too must make some difficult decisions and choices. The funds that Gov. Patton has proposed for home visitation will help stabilize and improve the financial future of all health departments. However, there is a much higher mission that can result from this program. When we began making home visits to that little pregnant nine-year-old girl, she wasn't going to be **delivering** the answer to the question "why not educate in the clinic for it is cheaper than in the home". Nor was she about to deliver the answer to the question "will government interfere and be entrenched too deeply in the lives of families. She was about to deliver a tiny little human being that needed all that **we** could collectively offer.

Our **purpose** for being in the home is no different than when we are in the clinic. We exist to promote, protect and improve the health and well being of families and individuals. Sometimes however, those goals can **only** be achieved when health department workers are **in the homes** observing, discovering, demonstrating, modeling, mentoring, educating, encouraging and helping families identify and eliminate their

barriers to improved health and safety.

ACH Anecdotes

Depo Developments: Depo-Provera is an injectable contraceptive that is long-acting, reversible, and conveniently given only four times a year. Depo-Provera, a progesterone-only contraceptive, works well for women of all ages and socio-economic status. Whether a woman is looking to postpone pregnancy or to avoid expanding her existing family, Depo-Provera is a contraceptive that will fit her lifestyle. Because Depo-Provera has some side effects, as do all hormonal agents, counseling is an important key. A recent study found in *Contraception*, 1996, shows just how important counseling and education are in regard to continuation rates among Depo-Provera users. Dr. Z. Lei, the author of this study, reports that those patients receiving only routine counseling with only information on side effects offered upon request had only a 58% continuation rate at one year. In comparison, patients who had structured counseling and were informed about possible side effects, continued using Depo-Provera at an 89% rate. As always, health care professionals should counsel patients to use a barrier method such as condoms, to protect against HIV and other sexually transmitted diseases. Depo-Provera, 150 mg IM every 11 to 13 weeks, meets the needs of a diverse group of women with the convenience of dosing only four times a year.

- submitted by Sue Bell, Division of Adult & Child Health

Central Office Comments

New Health Department Directors:

The Department for Public Health is proud of the veteran directors who serve our local health departments. One of our directors, Ms. Ruth Gaines of Laurel County, may hold the record for service to public health in Kentucky. She has worked in public health for more than 57 years. Even though other directors have certainly not been around for that long, they have worked through some dramatic changes in the way we practice public health.

We want to feature some of the new directors in forthcoming issues of the *Local Health Link*. We asked the new directors to respond to a set of questions that we felt would help us to know them better. The responses of the new health department directors show what a diverse and dynamic group they are. Already we can be proud of their work.

Rice C. Leach, M.D.,
Commissioner

Boyle County Health Department -- Roger D. Trent**, *Public Health Director***

Before becoming the Director of the Boyle County Health Department in June of 1999, I was a retired person for all of four and a half months! I retired from the Cabinet for Families and Children on January 31, 1999, after working for that cabinet for twenty-seven years and ten months. Before retirement I was a Field Services Administrator having primary social welfare program responsibility for a forty-county area of the state. During my tenure in state government, I worked in a number of capacities--as a caseworker, an assistant district manager, a field services supervisor, and a field services manager. I was very involved in all aspects of the KTAP, Food Stamp, and Medicaid programs.

I have a BA in Psychology from Centre College and an MSW from the University of Kentucky.

I have been interested in anything health related from a very early time in my education. My third grade teacher's husband was an endocrinologist, and she encouraged my interest in health and medicine. During my career in state government, I frequently had contact with local health professionals and was always impressed by their professionalism and interest in providing the best possible services. At several points during my career I considered moving more into the health service direction, but never seemed to find the right opportunity.

I applied for my current job after seeing an advertisement and realizing that this was the opportunity I had been waiting for --- even though it would cut into my available time to pursue my hobbies of motorcycling, boating, and flying.

Right now I am very much enjoying the opportunity to work with some fine professional staff and to feel like we are providing services that are much needed by the people of Boyle County. I am also enjoying the challenge of taking a different career path and learning as I go. But I am still very green!

Our primary challenge is to continue to be able financially to provide the services that are needed in our community while remaining fiscally sound. This is very difficult at this point in time for local health. Another challenge for our local department and me is to develop a comprehensive service delivery plan that will serve as a guide in our day-to-day activities. Lastly, we need to continuously look for ways to improve our service delivery system and identify new methods for providing services as we move toward more community-oriented types of service delivery.

I would like for the local citizens to first of all consider our health department their health department for the benefit of all the citizens of Boyle County. I would like for them to become more aware of the services that are available to all, not just those without a medical home. We face some unique challenges as we enter this new century, and we need to work hand-in-hand with the communities to be sure we're on the right course.

Jessamine County Health Department -- Nancy Crewe**,** ***Public Health Director***

Professors in graduate school sparked my interest in public health. While working towards a master's degree in hospital and health administration at the University of Iowa, an independent study in public health administration solidified my interest. My undergraduate degree from the University of Iowa is in economics.

Before coming to Jessamine County, I worked at Cardinal Hill Hospital in Lexington and before that at the Kentucky Health Policy Board in Frankfort. I began with the Jessamine County Health Department in April 1999.

What I really enjoy about my new position is its variety and challenge. Challenges that I envision for our department are in completing the transition from clinic to community health, handling environmental issues due to the rapid growth of this county into a suburban area, and educating the public about the range of services and looking for new opportunities.

Our health department wants to show the people of Jessamine County what public health is so they will take advantage of the full menu of what our department offers.

Johnson County Health Department -- Russell Briggs**,** ***Public Health Director***

As the newly appointed Director of the Johnson County Health Department, I bring with me thirty years of experience in hospital administration. I earned a master's degree in business Administration and bachelor's degree in Health Administration from Temple University.

When the health department director position came open, I felt it was for me because of contacts everywhere in the county. I believed I could build on my knowledge and personal contacts to serve Johnson County.

This new position is certainly a challenge. I have been told, "the Johnson County Health Department is the best kept secret in the county." I hope to see more positive publicity about all the good work our department and staff do and often do not get credit for. So that our department's accomplishments will become more visible, I have arranged for our local newspaper to run a Local Health Department current events column to better educate the public about what Public Health Departments do. Believing that managed care will continue to grow, I see streamlining and being more cost efficient as the best way to be ready for managed care when it comes to our area. Another challenge I see is the struggle to survive as reimbursement is cut.

It is amazing to me what our health departments do, and I look forward to Johnson County doing what it must as efficiently as it can.

Magoffin County Health Department -- Bertie Kaye Salyer***, Public Health Director***

I am currently the Public Health Director of the Magoffin County Health Department. My education includes a bachelor's degree in sociology and biology from Morehead State University, a master's degree in education and sociology, and Rank I in education. I have also taken graduate coursework in sociology at the University of Kentucky. Prior to coming to public health, I was a career employee with the Commonwealth of Kentucky as a social worker and social work supervisor, was Assistant Professor of Sociology and Social Work at Prestonsburg Community College, and most recently served as Chair of the Division of Social Sciences and Related Technologies at that college. In February 1999, I became Public Health Director, which I perceived as an opportunity to use my skills and experiences to positively impact the community.

To me, one of the appeals of Kentucky's public health system with its local health departments is their inherent autonomy and individuality. This allows for programs and services tailored to each specific community within the parameters provided by statutes and regulations. An immediate challenge that I see for all health departments is in moving from a clinic, individual-based service to a broader, population-based model while maintaining responsibilities to our communities. On a more specific level, I see the challenge for the Magoffin County Health Department to ensure that the people needing health department services are using quality services provided with care, concern, and preservation of dignity for all. I further see a challenge for our health department to be developing the financial and physical resources necessary to meet the public health needs of an economically deprived community, continuing the provision of quality services while collaborating with other sectors of the community to create a healthier environment for our population.

My desire is for a community educated about public health who uses the services we are so committed to providing.

Mercer County Health Department -- John C. Williams, ***Public Health Director***

I have two masters degrees, one in Business Administration and one in Public Health. I have been involved in hospital administration for the past 20 years and came to this position from a management post at Louisville's Jewish Hospital and Health Care Services.

My interest in public health dates back for some time. While attending several seminars hosted by the University of Texas, Health Science Center-School of Public Health, I was intrigued by the broad-based preventive health focus of the field. This led to my pursuit of a public health degree.

I joined Mercer County Health Department this past July. In addition to director there, I also serve as administrator of the Anderson County Health Department.

If I had to prioritize the challenges facing local health departments in general, the number one challenge is to shift focus from clinic-based to population-based services. The second challenge is to develop a knowledge base and skills in evaluating the effectiveness and quality of personal and population-based health services. The third challenge is to ensure access to preventive health services for all populations.

In a nutshell, I want the community to know and understand the services they can expect to receive through the Mercer County Health Department and how to access these services.

Oldham County Health Department -- Greg Kleinke ***Public Health Director***

I retired from the U.S. Army Medical Service Corps following 20 years in various managerial positions. I made the decision to decline a promotion, and further service, in order to pursue a new career in public health.

My career in the military gave me the opportunity to master many of the
skills that I believe a managerial position requires. For twenty years I

worked in environmental health for the Army. My army career finally culminated as the Director of Preventive Medicine Services for Fort Knox. There I coordinated the activities of more than 40 personnel to support the public health needs of Fort Knox and a surrounding five-state area. Our section routinely dealt with OSHA requirements, environmental concerns, community health, worker benefits, and customer education, in an atmosphere dedicated to the fundamentals of total quality management.
I graduated from the Academy of Health Sciences at Fort Sam Houston as an Environmental Health and Science Technician in 1976. In 1989 I earned a Bachelor of Science degree in Health Care Management from Southern Illinois University. Then in 1993 I received a Master of Public Administration degree from Western Kentucky University.

What I am enjoying about my job right now is the interaction with the fine health care professionals working at Oldham County.

The three challenges for our department and county are in the areas of finances, improving services, and working with other agencies.

What we must communicate to the people in our community is that we are their employees, dedicated to improving the overall health of Oldham County.

Purchase District Health Department -- Charlie Ross
Public Health Director

I became the public health director for the Purchase District Health Department in September 1999. Before that I had spent 25 years working with the Purchase Area Development District. My experience there encompassed health care planning, employment and training, criminal justice, public safety, as well as services for the elderly.

I hold a B.A. degree in Political Science from St. Louis University, and a Master of Public Service degree from Western Kentucky University. I also have post-graduate studies at Murray State University. In addition, I have previously served in an adjunct faculty role in the Social Work and Political Science departments at Murray State.

I am not quite sure how to answer the question "How long have you been working public health?" In one sense, it has been only three months – but, in the broader context of community development, planning and public service – it has been 25+ years. The issues of public health – protection, prevention, access to care, and others – are very much connected to important issues of public policy – jobs, economic development, public finance, etc.

The most enjoyable aspect of my job right now is just getting to know the many people who make up the public health network – the clinical staff, home health workers, environmentalists, health educators, and others. All have given me a new appreciation of how many lives we affect every day. I do hope we can communicate more effectively to people in our community about what it is we really do in public health. We are one of the "best kept secrets" in the public arena.

The top three challenges for our department are 1) learning to work smarter, not harder; 2) learning to communicate and collaborate better; and 3) learning how to take better care of ourselves and our communities.

- *this article compiled, edited, & submitted by Sylvia Cherry*

Distinguished Nurse of the Year Award: The Department for Public Health is extremely pleased to announce that Ms. Viola Davis Brown, former Director of Nursing, received the **Distinguished Nurse of the Year Award** by the Kentucky Nurses Association in November 1999. The award is given to individuals who have made an exemplary contribution to nursing or health care in the Commonwealth of Kentucky. Ms. Brown served as the Director of Nursing for 19 years prior to her retirement in August 1999.

Viola has a long history of looking into the future, seeing the health care needs, and moving to develop skills and programs to meet those needs. Her accomplishments are many. To name a few:

- Established the Kentucky Public Health Nursing Services Organization that

sponsored scholarships for local health department employees to return to school
- Spearheaded a program to reduce radon risks, which was recognized nationally as an early and effective approach to reducing this hazard
- Made Kentucky history by being the first African American accepted to a school of nursing in Lexington, KY
- Made national history by being the first African American Director of Public Health Nursing in the United States
- Helped reorganize Kentucky's Department for Public Health and was successful in getting public health nurses placed as managers of three of the branches of the public health department.

We wish Ms. Brown the best in her retirement and thank her for the valuable contributions she made to improve the health of Kentuckians.

- submitted by Sarah Wilding, Commissioner's Office

Epi Epistles

Recommendations for Preventing Transmission of *Salmonella* from Reptiles to Humans:

- Pet store owners, veterinarians, and physicians should educate the public about the risk for acquiring *salmonellosis* from reptiles.
- Persons should always **wash** their hands **thoroughly** with soap and water after **handling** reptiles or reptile cages.
- Persons at increased risk for infection are children aged 5 years and under and the chronically ill.
- Pet reptiles should be kept out of households where children aged 5 years and under and the chronically ill live. Families expecting a new baby should remove the pet reptile from the home before the infant arrives.
- Pet reptiles should not be kept in child care centers.
- Pet reptiles should not be allowed to roam freely throughout the home or living area.
- Pet reptiles should be kept out of kitchens to prevent contamination. Kitchen sinks should not be used to bathe reptiles or to wash their dishes, cages, or aquariums. If bathtubs are used for these purposes, they should be cleaned thoroughly and disinfected with bleach.

(This information was provided by the Association of Reptilian and Amphibian Veterinarians and the Centers for Disease Control and Prevention.)

- submitted by Linda Vanorio, Division of Epidemiology

PHPS Passages

Poison Safety tips for National Poison Prevention Week, March 19-25:

Every 20 minutes, someone in Kentucky calls the state's Poison Control Center about the possible poisoning of a child.

Many of these situations can be prevented if families follow some simple tips on keeping medicine, chemicals and cleaning products away from children. That's one of the main points public health officials stressed during National Poison Prevention Week, March 19-25.

"One of most important things is that when you buy medicine – either prescription or over the counter – get it with child-resistant caps," said Mike Cavanah, the program administrator for product safety in the Kentucky Department for Public Health. "It's also a good idea to get cabinet locks for chemicals and cleaners. Little kids love to play with pots and pans in the kitchen and they'll try to get the cleaning liquid out, too."

The department spends $1 million a year to fund the Kentucky Regional Poison Center at Kosair Children's Hospital in Louisville. The center is staffed around the clock 365 days a year. It received 61,000 calls during 1999, with 29,100 of them involving children.

The emergency number fot he center (in Kentucky only) is 1-800-722-5725. For the Louisville Metro area the number is 502-589-8222. It is staffed by nurses and physicians trained in toxicology. (The center's web page with more information for parents can be viewed at http://www.krpc.com).

The most common substances involved in the poisonings are cleaning products, pain relievers, personal care products and cough and cold products.

Here are some prevention tips regarding children from the American Association of Poison Control Centers:

HOUSEHOLD AND CHEMICAL PRODUCTS

- Use safety locks on all cabinets. Store potential poisons out of reach of small children.
- Store all poisonous household and chemical products out of sight of children.
- If you are using a product and need to answer the phone or doorbell, take the child with you. Most poisonings occur when the product is in use.
- Store all products in their original containers. DO NOT use food containers such as milk jugs or soda bottles to store household or chemical products.
- Store food and household and chemical products in separate areas. Mistaken identity could cause a serious poisoning. Many poisonous products look-alike and come in containers very similar to drinks or food. An example of this apple juice and pine cleaner.
- Return household and chemical products to safe storage immediately after use.
- Use extra caution during mealtimes or when the family routine is disrupted. Many poisonings take place at this time.
- Pesticides can be absorbed through the skin and can be extremely toxic. Keep children away from areas that have recently been sprayed. Store these products in a safe place where children cannot reach them.
- Discard old or outdated household and chemical products.
- Use the poison safety checklist to poison proof your home. Each room in the house has a potential for poisoning emergency.
- Take time to teach children about poisonous substances.
- Keep the telephone number of your local Poison Control Center on or near your telephone.

MEDICINE

- Keep medicines out of sight, locked up and out of reach of children.
- Make sure that all medicines are in child-resistant containers and labeled properly. Remember child resistant does not mean child proof.
- Never leave pills on the counter or in plastic bags. Always store medicines in their original container with a child-resistant cap.
- Keep purses and diaper bags out of reach of children.
- Avoid taking medicines in front of children. Young children imitate grown ups.
- DON'T call medicine candy. Medicines and candy look alike and children cannot tell the difference.
- Vitamins are medicine. Vitamins with iron can be especially poisonous. Keep them locked up and out of reach of children.
- Be aware of medicines that visitors may bring to your home. Children are curious and may investigate visitors' purses and suitcases.
- Keep a bottle of activated charcoal, a medicine used to stop the absorption of poison, in your medicine cabinet. Make sure the babysitter knows where you store your activated charcoal. Do not use the activated charcoal unless instructed by the Poison Control Center or your doctor.

- submitted by Mike Cavanah, Division of Public Health Protection & Safety

Staff Spotlight

Recognition of Bath County Staff: I would like to recognize Ms. Deenie Jones, a clerk at the Bath County Health Center.

This lady is always at the Center early setting up for the day's events. She always brings her son with her and puts him on the bus there. Now what I haven't said is her son is mentally handicapped and requires 24 hour a day care. She is great with her son and always has time to listen to a patient or staff problem. She can

accomplish more with two hands than I can with four. This is not to say everyone at the Bath County Center are not dedicated workers. This is to say Deenie goes above and beyond her job description and her bubbly personality makes the day more pleasant for staff and patients. Ms. Deenie Jones is a real find for the Gateway district. Thanks Deenie!

- *submitted by Gladys Gilbert, Bath County Health Center*

YOUTH SURVEY REVEALS ENORMOUS AMOUNT OF TOBACCO ADVERTISING AT LOCAL RETAILERS:

A group of 16 youths from Holmes Junior High School surveyed 41 local grocery stores, convenience stores, drug stores, and gas stations in Covington, Kentucky, and found that there were an average of eleven (11) tobacco-promoting advertisements inside each of the stores. The five (5) main brands of cigarettes advertised included: 1) Marlboro (38% of all interior advertisements); 2) Camel and 3) Kool (both having 17%); 4) Winston (16%); and 5) GPC (13%).

The results of the survey were announced at a recent press conference on Tuesday, February 29, 2000, held at the Hartman Center Holmes High School. Youth and adult volunteers, who conducted the survey, called on community leaders to take a stand against tobacco industry advertising aimed at kids.

"These findings are absolutely appalling," said Suzanne Martin, Youth Service Center Coordinator. "The tobacco industry is saturating our stores with slick advertising and promotions, attempting to lure kids into buying their products. When kids are recognizing Joe Camel over Mickey Mouse, we know we have a problem."

The survey was conducted as part of *Operation Storefront: Youth Against Tobacco Advertising and Promotion* sponsored by Holmes Junior High School in conjunction with the Northern Kentucky Independent District Health Department. The project was designed to raise awareness about the enormous amount of tobacco industry advertising and promotion found in stores. Youth and adult volunteers surveyed stores throughout Covington and calculated the number of point-of-purchase advertising displays that were located in each store.

"We monitored point-of-purchase and tobacco retail advertising displays because that is where the tobacco companies advertise," added Stephanie Turner, Tobacco Prevention Coordinator for the Health Department. "The tobacco industry cannot advertise on radio or television, so they are reaching our kids by polluting our local grocery and convenience stores."

Three teens accompanied by one adult volunteer entered each store and counted the number of tobacco-sponsored displays. They were on the lookout for such items as tobacco signs, banner advertisements, self-service promotional displays, in-store decal/sign advertisements on doors, windows and shopping carts as well as price boards, clocks, calendars, counter placements, etc. It was found that of the stores surveyed, 80% of them did not post signs outside their stores, explaining the law about who can purchase tobacco, while 35% did not post them inside their stores which is required by law. It was also noticed that 41% of the stores offered a special sale when one purchased tobacco products.

"It was unbelievable the amount of in-store tobacco advertising," said Krystal Tarlton, a youth volunteer. "I never realized in the past just how much they really do advertise to young people."

The survey was the first phase of a grant from champions of NorthKey Regional Prevention Center received by Holmes Junior High School. The second phase, which will begin next year, will involve writing letters and speaking engagements by youth and community residents to retailers and local lawmakers to take to a stance on limiting tobacco retail advertising. The third phase will involve strategy work generated by the community to change policies.

- *submitted by Peggy Patterson, Northern KY Independent District Health Dept.*

Training Tidbits

RTC Training Courses – FY00

The Emory University Regional Training Center, Atlanta, GA, will provide fifteen (15) course

offerings during fiscal year 2000 (July 1, 1999 – June 30, 2000). All fifteen (15) offerings along with course content and some registration forms have been forwarded to District Training Contacts and LHD Administrators. ***Any LHD employee wishing to attend these offerings should contact their District Training Contact or LHD Administrator for course content and registration forms***. Course dates, locations, and titles have been forwarded to each District Training Contact and LHD Administrator, as well as listed below:

5/3/00 Advanced Counseling Skills
Lexington

5/5/00 HIV Update
Louisville

5/8/00 Adolescent Health
Lexington

5/15/00 Role of Family Involvement in Reducing Sexual Coercion
Bowling Green

6/2/00 Adolescent Sexuality
Lexington

6/16/00 Creating an Efficient Clinic
Louisville

6/22/00 Current Reproductive Health Issues for Clinicians
Lexington

6/23/00 Pharmacology Update for Women's Health Care Staff
Lexington

Ms. Sandy Williams may be contacted regarding RTC opportunities at 502-564-4990.

Video / Audio Tapes ALERT:
If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:
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